

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREAndrew A. Long

Plaintiff

Robert George V. William OettelMike Costello, Tony Baker, Francis Montee

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

07-614-

I, Andrew A. Long 169067

declare that I am the (check appropriate box)

 Petitioner/Plaintiff/Movant Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to Question 2)

If "YES" state the place of your incarceration Sussex Work Release / Shop Center

Inmate Identification Number (Required): 169067

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months transactions

2. Are you currently employed? Yes No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer. Just started on 10-1-07

Popeye's Rehoboth Del Route 1 Highway Rehoboth DE (302)

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="radio"/> Yes	<input checked="" type="radio"/> No
b. Rent payments, interest or dividends	<input type="radio"/> Yes	<input checked="" type="radio"/> No
c. Pensions, annuities or life insurance payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
d. Disability or workers compensation payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
e. Gifts or inheritances	<input type="radio"/> Yes	<input checked="" type="radio"/> No
f. Any other sources	<input type="radio"/> Yes	<input checked="" type="radio"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

27 OCT -5
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
FILED

4. Do you have any cash or checking or savings accounts? Yes No
If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? Yes No
If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

N/A

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE

2007 OCT -5 PM 3:34

I declare under penalty of perjury that the above information is true and correct.

10-10-07

DATE

Andrew A. Long

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

INMATE ACCOUNT STATEMENT

ANDREW LONG
NAME

7-Jun-07
SCCC ADMIT DATE

169067
SBI#

DATE RELEASED

07-614

TOTAL	\$0.00	\$0.00	\$0.00
	\$0.00		
OPENING BALANCE			
	\$0.00		
ACCOUNT BALANCE			

TYPE OF DISBURSEMENTS

R/B room/board owed from previous visits to SWRU

MED = Visits to medical

TRANS = transportation owed from previous visits

P2 = Pay to's submitted thru business office

DG = Dollar General/commissary

TRANSF Transfers to Other Institutions

SP. COURT Superior Court

TYPE OF DEPOSITS

M/O = money orders received outside of institution

B/R = booking and receiving

BR = booking
CK = checks

OR
CASH

L/W = inmate wages

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE

2007 OCT -5 PM 3:50

REQUEST FORM
FOR
INMATE ACCOUNT ACTIVITY STATEMENT

Inmate Name: Long, Andrew A. SBI Number: 00169067
(Last) (First) (M.I.)

Housing Unit: SWR

.....

In accordance with Bureau of Prisons Procedure 5.4 entitled "In Forma Pauperis", please provide a summary of my account transactions.

Andrew Long

Inmate Signature

Jacquelyn Petter

Notary

Inmate Account Activity Statement will be processed only after staff verifies your legal documents are complete.

Date received by business office: 10-1-07

INMATE ACCOUNT STATEMENT

TO: Inmate Name: Long Andrew A.
(Last) (First) (M.I.)
SBI Number: 00169067
Housing Unit: SWA

FR: Inmate Account Technician

DA:

RE: Summary Of Account

.....

Attached is your account statement for the six month period of 7 June, 2007 through OCT 1, 2007.

Utilizing the calculation formula described in BOP Procedure 5.4, your average daily balance for this period is \$ 81.

Attachment

Jessie L. Pettit
Notary